

WEST VIRGINIA STATE AUDITOR'S OFFICE

Glen B. Gainer III, State Auditor



APPLICATION FOR EMPLOYMENT

*Please type or write
clearly in dark ink.*

LAST NAME

FIRST NAME

MIDDLE

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

ALTERNATE NUMBER:

TYPE OF EMPLOYMENT YOU WILL ACCEPT:

☐ Permanent Full-Time ☐ Permanent Part-Time
☐ Temporary Full-Time ☐ Temporary Part-Time
☐ Intermittent

HAVE YOU:	YES	NO
Applied previously to the West Virginia State Auditor's Office?	<input type="checkbox"/>	<input type="checkbox"/>
Applied using a different name?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what name did you use?	<input type="text"/>	

**Date you will be available
for employment:**

**Type of position for
which you are applying:**

**Are you willing to work
shifts other than day shift?** ☐ Yes ☐ No

**Can you legally work temporarily/permanently in the
United States?** ☐ Yes ☐ No If temporary
status, please indicate expiration date:

EDUCATION: Did you receive a high school diploma or its equivalent (GED) ☐ Yes ☐ No
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

ADDITIONAL EDUCATION: *All academic training must be verified. Verification of academic training may be in the form of a transcript, copy of diploma, copy of license or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.*

UNDERGRADUATE COLLEGE:

School Name, City, State:

Field(s) of Study (Major/Minor):

Credit Hours: **Semester:** **Trimester:** **Quarter:**

Dates of Attendance (MM/YY-MM/YY):

Type of Degree:

BUSINESS, VOCATIONAL OR TECHNICAL SCHOOL:

School Name, City, State:

Course of Study:

Number of Weeks Attended: **Number of Hours Per Day:**

Number of Clock Hours Completed: **Certificate - Attach Copy:**

ADDITIONAL TRAINING (Seminars, Military Training, Workshops, Etc.)

MILITARY SERVICE: *Be sure to include all military experience in the Employment History.*

Dates of Military Service: _____ to _____

Branch of Service: _____

Type of Discharge: _____ **Rank at Time of Separation:** _____

AFFIRMATION: Be sure to sign this application. Your signature certifies that all statements are true and complete.

SIGNATURE: _____ **DATE:** _____

EMPLOYMENT HISTORY MUST BE ATTACHED TO BE ELIGIBLE FOR INTERVIEW.

Return Application for Employment to:

***West Virginia State Auditor's Office
State Capitol, Building 1, Room W-100
Charleston, West Virginia 25305***

***Toll-Free: 877-982-9148
Telephone: 304-558-2251
Fax: 304-558-5200***

The West Virginia State Auditor's Office reserves the right to verify any information provided on this application. Misrepresentation is grounds for disqualification as a candidate for the position.

The West Virginia State Auditor's Office is an equal opportunity employer abiding by the rules and regulations set forth by the United States Government for Affirmative Action in compliance with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or military status, or the presence of a non-job related medical condition or disability. If an offer of employment is made, proof of authorization to work in the United States and/or United States citizenship must be provided.

EMPLOYMENT HISTORY

List all work experience beginning with your most recent employment. Any change in duties, title or status must be listed separately.

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Employer Name and Address			Employer Phone Number
Type of Business	Name of Supervisor	Job Title	Last Salary \$ _____
Employment Status ____ Full Time ____ Part-Time	Employment Dates _____ Month/Year To _____ Month/Year		Avg. Number of Hours per Week
Did You Supervise Any Employees? ____ Yes ____ No	Date You Began Supervising:	List Number of Employees Supervised and Their Titles:	
Detailed Description of Duties and Responsibilities:			

②

Employer Name and Address			Employer Phone Number
Type of Business	Name of Supervisor	Job Title	Last Salary \$ _____
Employment Status ____ Full Time ____ Part-Time	Employment Dates _____ Month/Year To _____ Month/Year		Avg. Number of Hours per Week
Did You Supervise Any Employees? ____ Yes ____ No	Date You Began Supervising:	List Number of Employees Supervised and Their Titles:	
Detailed Description of Duties and Responsibilities:			

EMPLOYMENT HISTORY

(continued)

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Employer Name and Address			Employer Phone Number
Type of Business	Name of Supervisor	Job Title	Last Salary \$ _____
Employment Status ____ Full Time ____ Part-Time	Employment Dates _____ Month/Year To Month/Year		Avg. Number of Hours per Week
Did You Supervise Any Employees? ____ Yes ____ No	Date You Began Supervising:	List Number of Employees Supervised and Their Titles:	
Detailed Description of Duties and Responsibilities:			

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Employer Name and Address			Employer Phone Number
Type of Business	Name of Supervisor	Job Title	Last Salary \$ _____
Employment Status ____ Full Time ____ Part-Time	Employment Dates _____ Month/Year To Month/Year		Avg. Number of Hours per Week
Did You Supervise Any Employees? ____ Yes ____ No	Date You Began Supervising:	List Number of Employees Supervised and Their Titles:	
Detailed Description of Duties and Responsibilities:			